

PREFACE

A patient arrives for an appointment complaining of upper abdominal pain that has been worsening for months, and has interfered with the patient's sleep for the past two weeks. Muscle guarding and the location of the pressure-sensitive area suggest gastritis, confirmed through gastroscopy and histology testing.

How do we proceed in arriving at a diagnosis? After hearing the patient describe the symptoms, we consider which organ (stomach? duodenum? gall bladder?) and what histological changes might be involved. The diagnosis of *erosive gastritis* includes both acid secretion and option of treatment with a proton pump inhibitor. The steps we take in our thinking are:

Patient → organ → cellular changes → proton secretion

Our patient expects us to follow these steps conscientiously but also has a fine sense of the extent to which he or she is perceived as a personality in the process—for example, whether or not the physician involves the patient in these considerations and decisions. Here, the physician differs from a doctor. Many patients and physicians are dissatisfied with medical science because it loses sight of the patient in this way. Why do so many medical students, originally motivated by wanting to help people, lose that motivation in the course of their studies? The answer is revealed by the steps in medical thinking outlined above. Anyone who spends six years practicing how to move

from the whole to the parts gets six years of practice in thinking that *moves away from the patient*. There is nothing wrong with this, and in fact it is essential for achieving insights in the world of physical realities. The side effect of this one-sidedness, however, is what many medical professionals sense upon conclusion of their studies. A sense of closeness with their fellow human beings was the original inspiration for taking up medicine, but now they have become distant in their thinking. Clearly, one's medical education and whole medical mindset, which had been customary, now lacks *a way back from the parts to the whole*—to the patient. When we move from the whole to its parts, we need to know how to find our way back to the original whole. This is the path that anthroposophic medicine has followed and developed since 1920.

Conventional scientific medicine:

Patient → organ → cellular changes → molecular physiology

Anthroposophic medicine:

Patient → organ → cellular changes → molecular physiology

Anthroposophic medicine does not see itself as an “alternative” medical science but as a further development of conventional medicine, which has until now been stuck halfway along the methodological path. “We do not stand in opposition to medicine that works with present-day acknowledged scientific methods. We fully accept its principles, and we are also convinced that what we are able to add to them should be used only by those equipped to serve fully as physicians in the sense of these principles. We simply supplement what today’s accepted scientific methods can teach us about the human being while adding information acquired through other methods, and this expanded knowledge of the world and the human being then also compels us to work toward expanding the physician’s art.”³⁰

Rudolf Steiner integrated Anthroposophy into modern civilization through an epistemological analysis of how science functions and what makes it successful.³¹ One conclusion relevant to the field of medicine is that even the transition from purely *physical* to *organic* processes yields discoveries that challenge our thinking to develop types of concepts different from the conventional concepts that are effective in the realm of lifeless matter.

Strangely enough, the first step toward a way of thinking worthy of the *life* of organisms was taken by an artist, although certainly one adequately endowed with the scientific researcher's spirit and courage—namely, Johann Wolfgang von Goethe. He developed a method of perceiving empirical findings *as they present themselves*, respecting them as phenomena without imposing preconceived theoretical concepts (see the afterword). Using his comparative method, which Rudolf Steiner validated epistemologically, our medical thinking as scientists can be seen as follows: The path from the *whole* to its *parts* is not only the route followed by analytical thinking but also the route nature itself takes when an organism breaks down into its parts—that is, when it dies.

It is not a coincidence that in the “art of dissection” in anatomy a corpse is needed to understand the physical body. Of course, analytical thinking must follow the route of death to understand a dead body. Nature is also familiar, however, with the opposite direction: processes that continuously integrate parts into the whole. This is the direction of life; life's respiration, circulation, and metabolism are constantly at work to prevent the organism from dissolving. From microcirculation via the arterial bloodstream, every cell receives information from the *whole* organism—information that governs the cells' behavior (gene expression) in harmony with the whole.

When the field of medicine (as anthroposophic medicine) takes synthesizing paths to knowledge—paths that integrate molecules, cellular structures, and cells into organs and organs into the human body as a whole—it follows in the footsteps of living processes;

thinking is transformed and awakes to life. The extent to which the reader will accept the results of this approach to research as “scientific” will depend on whether one acknowledges the need for further evolution of our medical thinking and on how ready one is to relinquish habitual ways of thinking. For myself, I can say that I have discovered and maintained enthusiasm for scientific research only because of Anthroposophy, which provides the means of separating *findings* from *interpretations*. Anthroposophic medicine depends on these findings but must ask anew in each instance about which way of thinking is appropriate for approaching them from the perspective of the whole human being.

This book is based on courses I have taught to medical students and physicians at the Eugen Kolisko Academy (EKA) since 1993.³²

The chapter “Form and Life” reveals the functional *threefold character of the human being*, based on anatomy, physiology, and pathology, for an initial understanding of diseases and remedies. The chapter “Life and Consciousness” is devoted to matters of body and soul. By comparing plants to animals and exploring the development of consciousness in vertebrate evolution we can bridge the abyss between outer and inner experience. The processes humans have in common with minerals, plants, and animals illustrate the three bodily *members of the human constitution*. Where the book talks of mountain-building processes (*orogeny*), plant life, or animal life, the intention is to inspire independent research, without which we cannot gain access to (and love of) remedies gained from nature.

The chapters on carcinomas and the active principles of therapeutic eurythmy lead more deeply into anthroposophic medicine than would be expected in an introduction. They present new research results in connections that I explored in *Human Hearing and the Reality of Music* (vol. 3 in the series “Studies in Human Physiology”) and in my books *Der Zahnwechsel des Kindes* (The change of teeth in children) and *The Harmony of the Human Body*.³³

The final chapter, “Medical Thinking and Moral Practice,” is a revised and updated version of my work on euthanasia.³⁴ Long out of print, it was the result of an initiative by EKA colleagues.

Case histories are included here with the kind consent of the patients involved. Many of the topics presented in this book were first discussed by Gisbert Husemann,³⁵ my father and teacher. This book is intended as a contribution to basic research, a complement to a number of more clinically and therapeutically oriented books³⁶ on anthroposophic medicine that have appeared in recent years. As such, it is designed to introduce readers with no prior knowledge of the subject to this field’s foundations and ways of thinking. Both in method and in content, the book by my brother Friedwart Husemann, *Anthroposophische Medizin—Ein Weg zu den heilenden Kräften*,³⁷ can be considered a continuation of my own introductory work.

Any holistic view is necessarily interdisciplinary, transcending the boundaries of the author’s own subject area. If errors have been included here in spite of my best efforts, please inform the publisher so they can be corrected in any subsequent edition.

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